



AGENCY CUSTOMER ID: _____

**TEXAS COMMERCIAL AUTO
COVERAGES/LIMITS SECTION**

DATE (MM/DD/YYYY) _____

AGENCY	APPLICANT/FIRST NAMED INSURED	
POLICY NUMBER	CARRIER	NAIC CODE

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	
LIABILITY	1 4 9	CSL <input type="checkbox"/> BI EA PER \$				
	2 7	BI EACH ACCIDENT \$				
	3 8	PROPERTY DAMAGE \$				
PERSONAL INJURY PROTECTION	2	EACH PERSON \$	PHYSICAL DAMAGE			
	7	AUTO DEATH INDEMNITY \$ TOTAL DISABILITY \$				
			TOWING & LABOR	3 7	\$	
			COMP / OTC	2 4 8 3 7		
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7		
UNINSURED/ UNDERINSURED MOTORIST	1 4	CSL <input type="checkbox"/> BI EA PER \$	COLLISION	2 4 8 3 7		
	2 7	BI EACH ACCIDENT \$				
	3	PROPERTY DAMAGE \$ DED				
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE	
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF				COMP \$ SPEC C OF L \$ COLL \$
	NO	EMPLOYEES VOLUNTEERS PARTNERS				
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERAGE IS: PRIMARY SECONDARY			
			(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS			

ENDORSEMENTS / REMARKS

--	--

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41 46 42 47 43 50	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COMP / OTC	42 46 43 47		\$			
PERSONAL INJURY PROTECTION	42 46	EACH PERSON \$ AUTO DEATH INDEMNITY \$ TOTAL DISABILITY \$	SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW	\$			
			COLLISION	42 46 43 47		\$			
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	TOWING & LABOR	46	\$				
UNINSURED/ UNDERINSURED MOTORIST	41 46 42 43	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$ DED	TRAILER INTERCHANGE						
			COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
			COMP / OTC	48 49					
			SPECIFIED CAUSES OF LOSS	48 49					
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE IF ANY BASIS \$	COLLISION	48 49					\$
TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$		STATES	# DAYS	# VEH			
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	NUMBER OF	HIRED PHYSICAL DAMAGE					
OTHER			OTHER	COVERAGE IS	PRIMARY	SECONDARY			

COVERED AUTO SYMBOLS
 (41) ANY AUTO
 (42) OWNED AUTOS ONLY
 (43) OWNED COMMERCIAL AUTOS ONLY

(44) OWNED AUTOS SUBJECT TO NO-FAULT
 (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(46) SPECIFICALLY DESCRIBED AUTOS
 (47) HIRED AUTOS ONLY
 (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (50) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID:

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE						
						COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE
LIABILITY	61	67	CSL	BI	\$	COMP / OTC	62	67				\$
	62	68	BI EACH ACCIDENT	\$	63		68					
	63	71	PROPERTY DAMAGE	\$	64							
	64											
PERSONAL INJURY PROTECTION	62		EACH PERSON	\$	TOTAL DISABILITY \$	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$
	67		AUTO DEATH INDEMNITY	\$			63	68	F	FTW		
							64					
MEDICAL PAYMENTS	62	64	EACH PERSON	\$		TOWING & LABOR	63		\$			
	63	67					67					
UNINSURED/UNDERINSURED MOTORIST	61	64	CSL	BI	\$	TRAILER INTERCHANGE						
	62	67	BI EACH ACCIDENT	\$		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	63		PROPERTY DAMAGE	\$	DED	COMP / OTC	69					
							70					
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE		IF ANY BASIS	COLLISION	69					
	NO		\$				70					\$
TRUCKERS HIRED/BORROWED LIABILITY	YES	STATES	COST OF HIRE		IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO		\$									
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF		OTHER	COVERAGE IS:		PRIMARY	SECONDARY		
	NO		EMPLOYEES									
OTHER			PARTNERS									

COVERED AUTO SYMBOLS

(61) ANY AUTO

(62) OWNED AUTOS ONLY

(63) OWNED PRIVATE PASS AUTOS ONLY

(64) OWNED COMMERCIAL AUTOS ONLY

(65) OWNED AUTOS SUBJECT TO NO-FAULT

(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(67) SPECIFICALLY DESCRIBED AUTOS

(68) HIRED AUTOS ONLY

(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT

(71) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED/UNDERINSURED MOTORISTS (UM/UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM/UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM/UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR TO REJECT UM/UIM BI AND/OR UM/UIM PD COVERAGES ENTIRELY.

1. I SELECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION.

(INITIALS)

2. I REJECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY.

(INITIALS)

3. I REJECT ONLY UNINSURED/UNDERINSURED MOTORISTS PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY.

(INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE.

(INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE

DATE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER